

**PPHF 2014: Immunization – Improving
Immunization Rates and Enhancing
Disease Prevention through Partnerships
with Providers and National
Organizations that focus on Public Health
– financed solely by 2014 Prevention and
Public Health Funds**

CDC-RFA-IP14-1405PPHF14

National Center for Immunization and
Respiratory Diseases



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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to CDC-RFA-IP14-1405PPHF14. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.
A. Federal Agency Name:
Centers for Disease Control and Prevention (CDC)
B. Funding Opportunity Title:
PPHF 2014: Immunization – Improving Immunization Rates and Enhancing Disease Prevention through Partnerships with Providers and National Organizations that focus on Public Health – financed solely by 2014 Prevention and Public Health Funds
C. Announcement Type: New—Type 1
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf .
D. Agency Funding Opportunity Number:
CDC-RFA-IP14-1405PPHF14
E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.733
F. Dates:
1. Letter of Intent (LOI) Deadline: Not applicable
2. Application Deadline: August 21, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov
3. Informational conference call for potential applicants: Not applicable
G. Executive Summary:
1. Summary Paragraph:
<p>In the United States, an estimated 14 million persons are newly infected annually with genital human papillomavirus (HPV), making this infection the nation’s most common sexually transmitted infection. In 2009, nearly 35,000 HPV-attributable cancers were reported in the United States. Of these, 39% occurred in males.</p> <p>The Advisory Committee on Immunization Practices (ACIP) currently recommends routine HPV vaccination for all persons aged 11–12 years. Between 2007 and 2011, vaccination coverage significantly increased each year for all doses, though rates lagged behind those of other recommended vaccines for teens. From 2011 and 2012, there were no statistically significant changes in coverage. CDC intends these funds to be used for programs focused on improving immunization rates and enhancing disease prevention through clinician outreach and education at a national level. CDC’s priority for the first and second budget year is that these funds are used to improve HPV vaccination rates in the ACIP recommended age range of 11-12 year old</p>

boys and girls.

The primary clinician recommendation is the strongest predictor of whether an adolescent is vaccinated. Prior research with physicians shows that vaccinators need additional education to connect HPV vaccine with the cancers it prevents, understand the clinical benefits for males, recognize the importance of receiving the vaccine at ages 11 and 12, and speak confidently about vaccine safety. In addition, vaccinators may need assistance in communicating the urgency of HPV vaccination to parents at all visits to avoid missed opportunities. Although many clinicians recognize that HPV vaccine prevents cervical cancer and genital warts, further gaps in knowledge exist. Many vaccinators may require more education or clarification of the vaccine recommendations, especially regarding vaccinating males or efficiently addressing perceived parental concerns. Additional knowledge and improved communication skills around HPV vaccine could assist providers in strengthening their recommendation to parents.

The CDC intends for national organizations and professional clinical organizations to help strengthen the clinician recommendation of HPV vaccine by direct outreach and education around HPV vaccine to its members and audiences. Organizations applying should be able to 1) directly provide constituents with local and national information and education in every state and/or territory, 2) offer CDC and other tools to improve practice efforts at both a national and local level; 3) provide a plan to sustain HPV vaccine education efforts at a nationally supported level.

a. Eligible Applicants (select one): open competition

b. FOA Type (select one): cooperative agreement

c. Approximate Number of Awards: 6-10

d. Total Project Period Funding: \$40,000,000

e. Average One Year Award Amount: \$900,000

f. Number of Years of Award: 5

g. Approximate Date When Awards will be Announced: August 29, 2014

h. Cost Sharing and /or Matching Requirements: N/A

Part II. Full Text

A. Funding Opportunity Description

1. Background

CDC announces the availability of funds for programs focused on improving immunization rates and enhancing disease prevention through clinician outreach and education at a national level.

CDC priority for the first and second budget year is to improve HPV vaccination rates in the ACIP recommended age range of 11-12 year old boys and girls. Primary physicians—pediatricians (about 80%) and family physicians (about 20%) do the bulk of vaccinating

preteens in the U.S. The primary clinician recommendation is the single strongest predictor of vaccination status. Although many clinicians recognize that HPV vaccine prevents cervical cancer and genital warts, further knowledge regarding HPV vaccination indications vary. Many vaccinators may require more education or clarification of the vaccine recommendations, especially regarding vaccinating males or efficiently addressing perceived parental concerns. Additional knowledge and improved communication skills around HPV vaccine could assist providers in strengthening their recommendation to parents. Based on prior research with physicians, it is recognized that vaccinators need additional education to make the connection between the HPV vaccine and the cancers it prevents, understand the clinical benefits for males, recognize the importance of receiving the vaccine at ages 11 and 12, and speak confidently about vaccine safety. In addition, vaccinators may need assistance in communicating with parents the importance and urgency of HPV vaccination at all visits to help avoid missed opportunities.

The CDC intends for national organizations and professional clinical organizations to help strengthen the clinician recommendation of HPV vaccine by direct outreach and education around HPV vaccine to its members and audiences. Organizations applying should be able to 1) directly provide constituents with local and national information and education in every state and/or territory, 2) offer CDC and other tools to improve practice efforts at both a national and local level; 3) provide a plan to sustain HPV vaccine education efforts at a nationally supported level.

a. Statutory Authorities The Patient Protection and Affordable Care Act (Pub. L. 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) and Section 317(k)(1) of the Public Health Service Act (42 U.S.C. 247b(k)(1)).

b. Healthy People 2020:

Measureable outcomes of the program will be in alignment with Healthy People 2020 goals for immunization and infectious disease. These include but are not limited to specific objectives: (IID-1) Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases; (IID-11) Increase routine vaccination coverage levels for adolescents; (IID-11.4) Increase the vaccination coverage level of 3 doses of HPV vaccine for females by age 13-15 years.

In addition, HP2020's Health Communication and Health Information Technology objectives point to importance of using the internet and social media. These include: (HC/HIT-8) Increase the proportion of quality, health-related websites and (HC/HIT-13) (Developmental) increase social marketing in health promotion and disease prevention.

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=23>

c. Other National Public Health Priorities and Strategies:

The FOA aligns and supports recommendations of the Presidents Cancer Panel report on

HPV, including:

- i. Goal 1: Reduce missed clinical opportunities to recommend and administer HPV vaccine
- ii. Goal 3: Maximize access to HPV vaccination services

The FOA also aligns with the goals and objectives set forward by Healthy People 2020 related to Immunization and Infectious Diseases

[The National Prevention Strategy](#) (National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011), released June 16, 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being. This national Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans.

The National Prevention Strategy identifies four Strategic Directions. These Strategic Directions are the foundation for all prevention efforts and form the basis for a prevention-oriented society. Each Strategic Direction can stand alone and can guide actions that will demonstrably improve health. Together, the Strategic Directions create the web needed to fully support Americans in leading longer and healthier lives.

d. Relevant Work:

This FOA builds on CDC's "You Are the Key" campaign aimed at raising HPV vaccine awareness and knowledge among clinicians and providing them ready-to-use tools and resources to successfully communicate with parents about HPV vaccination (<http://www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html>).

2. CDC Project Description

a. Approach:

Logic model: Improving Immunization Rates and Enhancing Disease Prevention through Partnerships with Providers and National Organization that focus on Public Health [bold are ones that awardee is held accountable for in project period]			
Strategies/Activities	Outcomes		
	Short Term Outcomes	Mid-Term Outcomes	Long Term Outcomes
Do direct clinician outreach and training Disseminate educational materials to clinicians Form strong partnerships Push prioritization of HPV vaccination efforts	Increase in: clinician education and awareness providers trained on strengthening recommendations; peer communication between providers supportive of CDC recommendations providers who find, use, and find helpful CDC and other resources local/regional efforts aimed at increasing HPV vaccination rates relevant partnerships national, state, and local partners informed of and mobilized to use and share CDC resources HPV vaccination documentation	HPV vaccination prioritized at national and local level Sustained activities to support regional or state efforts Sustained awareness among clinicians of available HPV vaccine information, resources and tools Healthcare providers make strong recommendations for vaccination of adolescents aged 11 or 12	Decrease in missed opportunities/percent of parents who report their child's provider did not recommend HPV vaccine. Increased HPV vaccination rates Increase in number of adolescents protected from future HPV-related cancers Increase in immunization coverage for vaccination across the lifespan for all vaccines available for children, adolescents and adults.

Note that awardees may customize: (1) the targeted provider groups to their own situation. Providers may include, among others, primary care providers, nurses, pharmacists. Hence the outcomes and strategies the awardee proposes, while they will generally adhere to the logic model, will be customized to the specific providers and target populations they are emphasizing. (2) the targeted populations to their own situation, i.e. all adolescents and children, or specific targeted segments with lower rates. This will, of course, affect the providers and partners they target in their approach.

Projects that involve the collection of information from 10 or more individuals and are funded by a contract will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.-

i. Problem Statement:

In the United States, an estimated 14 million persons are newly infected annually with genital human papillomavirus (HPV), making this infection the nation's most common sexually transmitted infection. Nearly half of new HPV infections occur among persons aged 15–24 years. Although most infections are asymptomatic and resolve, persistent infections can cause disease, including cancers. Currently, no cure exists for HPV infection; treatments can only be directed at HPV-associated lesions. Almost all cervical cancers and many vaginal, vulvar, anal, penile, and oropharyngeal cancers are attributable to persistent, oncogenic HPV infections. In 2009, nearly 35,000 HPV-attributable cancers were reported in the United States. Of these, 39% occurred in males.

Approximately 100 HPV types have been described; HPV types 16 and 18 cause 70% of cervical cancers. Among types associated with other HPV-related cancers, HPV 16 is most prevalent. Non-oncogenic types can result in clinically significant disease; HPV types 6 and 11 can cause recurrent respiratory papillomatosis (a rare condition in which warts develop in the respiratory tract) and cause nearly all genital warts.

Two HPV vaccines are currently licensed in the United States for prevention of specific HPV types and HPV-associated outcomes. In June 2006, a quadrivalent HPV vaccine (HPV4; Gardasil; Merck & Co., Inc.) was licensed by the Food and Drug Administration (FDA) for use in females for prevention of cervical cancer, cervical cancer precursors, vulvar and vaginal cancer precursors, and anogenital warts caused by HPV types 6, 11, 16 and 18. In 2008, HPV4's indications were expanded to include vulvar and vaginal cancers. In 2009, HPV4 was licensed for use in males for genital warts prevention. Also in 2009, the FDA licensed bivalent HPV vaccine (HPV2; Cervarix; GlaxoSmithKline) for use in females for prevention of cervical cancer and cervical cancer precursors caused by HPV types 16 and 18. In December 2010, HPV4's indications were expanded to include anal cancer prevention in females and males. Both vaccines are administered as 3-dose series over 6 months.

The Advisory Committee on Immunization Practices (ACIP) currently recommends routine HPV

vaccination for all persons aged 11–12 years. For females, ACIP recommends either HPV4 or HPV2; for males, ACIP recommends HPV4 (HPV2 is not licensed for males). For persons who have not initiated or completed the series, vaccination is recommended for females through age 26 years and for males through age 21 years. For unvaccinated or incompletely vaccinated immunocompromised males or men who have sex with men, vaccination is recommended through age 26 years.

Data from the 2012 National Immunization Survey-Teen (NIS-Teen) show that no progress has been made in HPV vaccination coverage in girls since last year. Between 2007 and 2011, vaccination coverage significantly increased each year for all doses, though rates lagged behind those of other recommended vaccines for teens. From 2011 and 2012, there were no statistically significant changes in coverage. The percentage of girls initiating the HPV vaccine series did not improve. The number of girls receiving all three recommended doses of HPV vaccine failed to improve as well. Although vaccination coverage with ≥ 1 dose of any HPV vaccine increased from 25.1% in 2007 to 53.0% in 2011, coverage in 2012 (53.8%) was similar to 2011 (53.0%). Vaccination coverage for ≥ 3 doses of any HPV vaccine decreased 1.4 percentage points from 2011 (34.8%) to 2012 (33.4%). This decrease was not statistically significant. 84% of HPV-unvaccinated girls have had a missed opportunity. If these girls had received the HPV vaccine during visits when another vaccine was given, coverage with >1 dose of HPV could be 92.6%.

Main reasons reported by parents for not intending to vaccinate their daughters for HPV include: vaccine not needed (19.1%); vaccine not recommended (14.2%); vaccine safety concerns (13.1%); lack of knowledge about the vaccine or the disease (12.6%); and, daughter is not sexually active (10.1%).

Studies consistently indicate that healthcare provider recommendation is the single strongest predictor of vaccination status. Although many clinicians recognize that HPV vaccine prevents cervical cancer and genital warts, further knowledge regarding HPV vaccination indications varies. Many vaccinators may require more education or clarification of the vaccine recommendations, especially regarding vaccinating males or efficiently addressing perceived parental concerns. Additional knowledge and improved communication skills around HPV vaccine could assist providers in strengthening their recommendation to parents. Based on prior research with physicians, it is recognized that vaccinators need additional education to make the connection between the HPV vaccine and the cancers it prevents, understand the clinical benefits for males, recognize the importance of receiving the vaccine at ages 11 and 12, and speak confidently about vaccine safety and efficacy. In addition, vaccinators may need assistance in communicating with parents the importance and urgency of HPV vaccination at all visits to help avoid missed opportunities.

Formative research with non-physician clinicians (including nurses and medical assistants) support the need for further education and understanding of HPV vaccination indications in

this group. Many nurses (including school nurses) or medical assistants are trusted sources and the ‘first line’ for answering patient or parent questions about HPV vaccine, and they need to be confident in their recommendation and understanding of the importance of HPV vaccine as cancer prevention.

ii. Purpose:

The purpose of the cooperative agreement is to develop and implement programs designed to increase immunization rates. The aim is to bring about measurable increases in the number of providers assessing vaccination needs for their patients and recommending vaccination for their patients. Activities should work toward the short term and mid-term outcomes as they are most likely to be met in the time allowed and able to be measured.

The primary purpose of this FOA in the first two budget periods is to increase HPV vaccination coverage among adolescents by utilizing professional education, outreach, and training, as well as other clinician tools to effectively help providers consistently make strong HPV vaccine recommendations and effectively address parental questions about HPV-related cancers and HPV vaccine.

iii. Outcomes:

As noted in the logic model, grantees will be held accountable for showing progress on some, but not all of the listed outcomes during the project period. Grantees are expected to show progress on all of the short-term outcomes during the project period as appropriate. These include:

- Increase in clinician education and awareness;
- Increase in providers trained on strengthening recommendations;
- Peer communication between providers is supportive of CDC recommendations;
- Providers can find, use, and find helpful CDC and other resources for communicating with parents and sharing recommendations;
- Increase in local/regional efforts aimed at increasing HPV vaccination rates;
- Increase in partnerships that strengthen and leverage efforts to increase HPV Vaccination rates (e.g., between immunization providers and obstetric/gynecological, urology and oncology clinicians/organizations);
- Increase in national, state, and local partners informed of- and mobilized to- use and share CDC’s science based resources; and,
- Increase in HPV vaccination documentation in electronic health records or through immunization information systems and use of reminder recall systems.

Grantees are expected to show progress towards mid- and longer-term outcomes during the project period:

- HPV vaccination prioritized at national and local level;
- Sustained activities to support regional or state efforts;
- Awareness among clinicians of available HPV vaccine information, resources and tools

- Healthcare providers make strong recommendations for vaccination of adolescents aged 11 or 12;
- Decrease in missed opportunities/percent of parents who report their child’s provider did not recommend HPV vaccine; and,
- Increased HPV vaccination rates

iv. Funding Strategy:

Approximately \$8,000,000 will be available in FY 14 to fund 6 to 10 projects that are designed to increase immunization coverage for ACIP recommended vaccines. Specific emphasis is to be placed on HPV vaccination in year 1. Support for Years 2 through 5 will be based on past performance and availability of funds.

v. Strategies and Activities:

Do direct clinician outreach and training

Applicants should employ strategies such as:

- Review, select, and implement relevant activities with the healthcare providers in your constituency/membership that aim to increase HPV vaccination rates.
- Review, select, and implement relevant activities with the healthcare providers in your constituency/membership that aim to increase immunization coverage across the lifespan.
- Support and actively facilitate activities such as peer-to-peer training (utilizing CDC tools and CME courses) at clinician conferences grand rounds, or through webinars or other online or in-person education opportunities.
- If applicable for non-vaccinating clinicians, understand and maximize their role in educating parents and/or preteens and teens.
- Provide a platform for national coordination and support of training tools, including CME courses, mailings, and digital or social outreach as needed.
- Provide a model or platform to encourage clinical outreach and education (preferably utilizing CDC tools).
- Assess and evaluate change in knowledge, attitudes, and behaviors.

Disseminate educational materials to clinicians at national and local levels

Applicants should employ strategies such as:

- Disseminate to healthcare professionals (including those who are not immunization providers) tools and resources (prioritizing those created by CDC) to ensure they make strong recommendations for HPV vaccination and other vaccines for children, adolescents and adult; and,
- Utilize professional clinical mechanisms such as websites, newsletters, professional mailings, and other print and/or electronic media to help promote HPV vaccination and ensure that clinicians make strong recommendations and stay up-to-date on current recommendations, their own state or local chapter immunization rates, and national goals for vaccination levels.

Form strong partnerships

Applicants should employ strategies such as:

- Actively work with other agencies, state, or local organizations that are also working on HPV immunization-related activities (e.g., state health departments);
- Coordinate with other HPV vaccine activities across clinical specialties;
- Coordinate with other HPV vaccine activities that exist in local /state/chapter areas (e.g., CDC state-funded awardees, state and local coalition activities);
- Work with local or state cancer coalitions or American Cancer Society chapters to invite HPV-related cancer and immunization experts for speaking events or other collaborations; and,
- Seek out partnership with non-traditional partners that may leverage community buy-in and participation.

Push prioritization of HPV vaccination efforts

Applicants should employ strategies such as:

- Utilize their national, professional clinical presence to help increase provider knowledge and vaccine recommendation and support local or regional efforts to prioritize HPV vaccine at every adolescent visit;
- Periodically assess and evaluate their members’ clinical practice methodologies to evaluate impact;
- Provide national coordination to fund, support, and coordinate equilateral efforts for every U.S. chapter (or state and/or territory representation) to prioritize HPV vaccine education and outreach for clinicians or key partners as per the applicant’s professional specialty; and,
- Emphasize HPV vaccine education at a national level, and support efforts to ensure it is prioritized at local chapter events (e.g., planning, meetings, online or in-person presence).

1. Collaborations –

a. With CDC funded programs:

- Coordinate with other HPV vaccine activities across clinical specialties as assisted by CDC through this grant or other agreements;
- Coordinate with other HPV vaccine activities that exist in local /state/chapter areas (e.g., CDC state-funded awardees).

b. With organizations external to CDC:

Work with local or state cancer coalitions or American Cancer Society chapters to invite HPV-related cancer experts for speaking events or other collaborations.

2. Target Populations:

Applicants should have a national as well as local or regional presence directly educating clinicians in a position to vaccinate adolescents or directly educate key decision makers (e.g., parents of adolescents, pivotal clinical decision-makers) to promote HPV vaccination. They

must be able to leverage digital media such as emails, ads, newsletters, and social media messages to share program messages and educate target audience. The applicant must be supportive of adolescent immunizations, especially HPV vaccine at the recommended ages, and should be able to provide subject matter experts and broad-level support that can partner with the CDC to increase the program’s reach. Applicants must also have a strong representation throughout the country.

Applicants must have a demonstrated track record effectively working with or educating pediatricians, family practice physicians, nurses (including school nurses or others), public health partners, or other vaccinators or key influencers of adolescent vaccination across the country with the ability to support efforts at the local or state level. The applicant agency must have the infrastructure to clearly support these efforts beyond the length of the funding mechanism and keep HPV vaccination as an agency priority until 2020 HPV vaccination goals are reached.

Applicants must identify a specific target audience that is clearly identified as at risk. They must identify the data sources and methods used to make this determination.

In addition, the applicants should have the ability to support or facilitate educational or outreach activities to their members beyond HPV vaccination to reflect ongoing public health needs as identified by CDC/NCIRD. The applicant should demonstrate the ability to quickly mobilize around an urgent need (*e.g.*, outbreak or critically determined public health need) to communicate quickly and effectively with their members, disseminate educational information, and be able to monitor and support both national and local activities that best reflect the needs of the members in that area.

Inclusion: N/A

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

The CDC strategy for monitoring and evaluating program and awardee performance will include several activities, spanning both process and outcomes evaluation, and will be consistent with the logic model and approach presented earlier. Measurement for the first two years will focus on HPV but may change to other vaccination efforts in subsequent years.

Process measures will address key aspects of the 4 strategies listed in the logic model. Key evaluation questions posed for these strategies will include:

Strategy: Do direct clinician outreach and training

Strategy: Disseminate educational materials to clinicians

1. Have appropriate target audiences and their needs been identified?
2. Has a plan been create to reach the audience with appropriate information and training?

Strategy: Form strong partnerships

Strategy: Push prioritization of HPV vaccination efforts

3. Have partnerships been developed to prioritize immunization?

Outcome measures: CDC will monitor awardee progress toward outcomes

- Increase in clinician education and awareness---as measured by the percentage of clinicians exposed to training or materials who indicate increased awareness of how to make stronger recommendations.
- Increase in providers trained on strengthening recommendations; ---as measured by number of providers who have completed training developed by awardee.
- Providers can find helpful CDC and other resources for communicating with parents and sharing recommendations ---as measured by percent of awardee's constituency that know where to find appropriate CDC resources.
- Increase in local/regional efforts aimed at increasing HPV vaccination rates ---as measured by relevant local/ regional efforts in which the grantee is involved with key stakeholders to promote immunization.
- Increase in partnerships that strengthen and leverage efforts to increase HPV vaccination rates --- as measured by number of new partnerships between awardee and providers (e.g., between immunization providers and obstetric/gynecological, urology and oncology clinicians/organizations).
- Increase in national, state, and local partners informed of- and mobilized to- use and share CDC's science based resources--- as measured by number of partners who indicate they are aware of and know how to use CDC resources.
- Increase in HPV vaccination documentation in electronic health records or through immunization information systems and use of reminder recall systems. --- as measured by activities reported by awardees related to registries, IIS systems, and other monitoring efforts.
- Mid-term outcomes
 - HPV vaccination prioritized at national and local level---as measured by the number of national and local level meetings where relevant vaccine issues are on the agenda.
 - Sustained activities to support regional or state efforts ---as measured by the number of new local/state efforts that have been initiated as a result of grantee involvement.
 - Awareness among clinicians of available HPV vaccine information, resources and tools--- as measured by percent of clinicians exposed to training who report increased awareness of information, resources and tools.
 - Healthcare providers make strong recommendations for vaccination of adolescents aged 11 or 12---As measured by percentage of providers who indicate that they routinely recommend specific vaccine for a target group.

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieving their selected outcomes. Applicants will have already produced measureable objectives in the work plan referenced above. In this section, they will refine those into performance measures and add details of any additional evaluation to be completed. Applicants should also:

- Describe how the target population will be engaged in the evaluation and performance measurement planning process;
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
- Describe how evaluation findings will be used for continuous program/ quality improvement; and
- Describe how evaluation and performance measurement will contribute to development of the evidence base for improving immunization rates and enhancing disease prevention.

c. Organizational Capacity of Awardees to Execute the Approach:

Applicant should have a proven track record of outreach and education to clinicians and key public health partners in immunization. Applicant should demonstrate both a national and regional/local presence that is able to quickly mobilize outreach and education to its members.

Awardees must have access to the program’s target population of primary care vaccinators of adolescents or other identified key partners. They must be able to leverage digital media such as emails, ads, newsletters, and social media messages to share program messages and educate target audience. The applicant must be supportive of adolescent immunizations, especially HPV vaccine, at the recommended ages of 11-12 years, and should be able to provide subject matter experts and broad-level support that can partner with the CDC to increase the program’s reach. Applicant must also have a strong representation throughout the country with local chapters or affiliates. Applicant must be comfortable with supporting CDC messaging around vaccinations and can use their own resources to further the program’s reach.

d. Work Plan:

Applicants in must identify and address the activities under this FOA in no more than 20 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. CDC will provide feedback and technical assistance to recipients to finalize the work plan during post award. Work must include:

- a. For each selected activity, a descriptive plan, process and timeline with milestones/measures for efforts related to each short term outcome in the logic model, for the year-one detailed work plan. A high-level work plan for years two through five should

address how progress will continue;

- b. A description of the staff and administrative roles and functions to support the project work plan and the outcomes. Awardees should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of this FOA;
- c. A description of administrative and assessment processes to ensure successful implementation, reporting and quality assurance;
- d. A description of organizational capacity to successfully achieve the project outcomes, including demonstrated experience leading to collective action;
- e. A description of capacity and plans to successfully implement sustainable practices that result in the improved immunization rates of the target population.

e. CDC Monitoring and Accountability Approach:

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual (AAGAM)* specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS AAGAM* that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

*Beginning 10/01/2014, AAGAM will be replaced with GPAM.

f. CDC Program Support to Awardees:

CDC will 1) provide technical assistance in identifying major immunization issues, setting

program priorities, and implementing and evaluating project activities. 2) Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies. 3) Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers. 4) Monitor the recipient's performance of program activities and progress toward program goals.

B. Award Information
<p>1. Type of Award: Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.</p>
<p>2. Award Mechanism: H23 Immunization and Vaccines for Children Grants</p>
<p>3. Fiscal Year: FY 2014</p>
<p>4. Approximate Total Fiscal Year Funding: \$8,000,000</p>
<p>5. Approximate Total Project Period Funding: \$40,000,000</p>
<p>6. Total Project Period Length: 5 Years</p>
<p>7. Approximate Number of Awards: 6-10</p>
<p>8. Approximate Average Award: \$900,000</p>
<p>9. Floor of Individual Award Range: \$500,000</p>
<p>10. Ceiling of Individual Award Range: \$1.5 Million</p>
<p>11. Anticipated Award Date: August 29, 2014</p>
<p>12. Budget Period Length: 12 months, throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).</p>
<p>*Beginning FY 14, AAGAM will be replaced with GPAM.</p>
<p>13. Direct Assistance: Direct Assistance (DA) is not available through this FOA</p>

C. Eligibility Information
<p>1. Eligible Applicants:</p> <p>Government Organizations:</p> <ul style="list-style-type: none"> • State or their bona fide agents (includes the District of Columbia)

- Local governments or their bona fide agents
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau
- State controlled institutions of higher education
- American Indian or Alaska Native tribal governments (federally recognized or state-recognized)
- Public Housing Authorities/Indian Housing Authorities

Non-government Organizations:

- American Indian or Alaska native tribally designated organizations
- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)

Private colleges and universities

Community-based organizations

Faith-based organizations

For-profit organizations (other than small business)

Small businesses

2. Special Eligibility Requirements: N/A

3. Justification for Less than Maximum Competition: N/A

4. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort:

Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:

<http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf> .

1. Required Registrations: An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System: All applicant organizations must obtain a Data

Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

- b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. [Grants.gov](http://www.grants.gov):** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

- 2. Request Application Package:** Applicants may access the application package at www.grants.gov.
- 3. Application Package:** Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.
- 4. Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a

paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

a. Letter of Intent (LOI) Deadline: LOI is not requested or required as part of the application for this FOA.

b. Application Deadline: August 21, 2014, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov

5. CDC Assurances and Certifications: All applicants are required to sign and submit “Assurances and Certifications” documents indicated at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://wwwn.cdc.gov/grantsassurances/Homepage.aspx>

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.

6. Content and Form of Application Submission: Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent (LOI): LOI is not requested or required as part of the application for this FOA.

8. Table of Contents:

No page limit and not included in the Project Narrative. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at www.grants.gov.

9. Project Abstract Summary: (Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the “Project Abstract Summary” text box at www.grants.gov.

Descriptive title of proposed project:

- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and e-mail address of the primary contact for

- writing and submitting this application
- Number and title of this FOA

10. Project Narrative: Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. 20 page limit includes the work plan.

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

- a. **Background:** Applicants must provide a description of relevant background information that includes the context of the problem. (See CDC Background.)
- b. **Approach**
 - i. **Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)
 - ii. **Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.
 - iii. **Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the CDC Project Description.)

In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

- iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will to use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide¹ (or similar reviews) and reference it explicitly as a source. Applicants may propose

¹ <http://www.thecommunityguide.org/index.html>

additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

1. **Collaborations:** Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants must file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.]

2. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.

- c. **Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and

performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach:

Has the organization shown themselves to 1) be national in scope and not limited to one locale, region or state; 2) have a history of bringing targeted collaborative partners together (including regional and national organizations, key constituents, state and local governments) to accomplish objectives; 3) have expertise in assembling the resources needed to execute the particulars of the FOA; and, 4) have capability of disseminating, publicizing, and promoting the outputs and other work to relevant parties and partners.

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must name this file “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.

11. Work Plan: (Included in the Project Narrative’s 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file “Work Plan” and upload it as a PDF file at www.grants.gov.

12. Budget Narrative:

(Not included in the 20 page limit)

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total Direct costs
- Total Indirect costs
- Contractual costs

For guidance on completing a detailed budget, see *Budget Preparation Guidelines* at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://phaboard.org>). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>.

14. Health Insurance Marketplaces:

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

16. Funding Restrictions:

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.

- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Other Submission Requirements:

- a. Electronic Submission:** Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

- b. Tracking Number:** Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The

applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

- c. **Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

- d. **Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.
- e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and

3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Application Review Information

1. Review and Selection Process: Applications will be reviewed in three phases.

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCIRD and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review:

A review panel will evaluate complete, eligible applications in accordance with the “Criteria” section of the FOA.

- i. Approach: (30 Points) The applicant has provided a sound evidence based approach to selection of activities and reaching the target population or constituents. The applicant outlines SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives and clearly stated activities to support each objective. The applicant’s program strategies are national in scope and not limited to one locale, region or state. The applicant has provided a clear plan showing education strategies. The applicant has provided plans to sustain efforts beyond the funding period.
- ii. Evaluation and Performance Management: (20 Points) The applicant has provided a sound evaluation plan that includes both process and outcome measures.
- iii. Applicant’s Organizational Capacity to Implement the Approach: (50 Points) The applicant provides a narrative, including background information on the history, mission and reach of the organization that is relevant to the activities proposed. The applicant has a solid history of providing immunization services, training, or education to a clearly identified target population. The history should include populations at both a regional and national level. The applicant demonstrates a national, and regional or local presence. The applicant has demonstrated the ability to mobilize information quickly to its constituents. The applicant shows clear evidence of a history of leveraging collaborative efforts to address immunization issues. The applicant should have a history of bringing targeted collaborative partners together (including regional and national organizations,

key constituents, state and local governments) to accomplish objectives; have expertise in assembling the resources needed to execute the particulars of the FOA; and have capability of disseminating, publicizing, and promoting the outputs and other work to relevant parties and partners.

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review:

The following factors also may affect the funding decision:

Geographic diversity, diversity of provider type, racial and ethnic diversity among the target populations, and potential for significant impact on immunization rates and disease burden at a national level.

2. Announcement and Anticipated Award Dates:

Announcement – July 1 , 2014, Award – August 29, 2014

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee program director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following Administrative Requirements (AR) apply to this project:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions

- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

For more information on the C.F.R., visit the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

General Provisions Title II

Section 203 - Cap on Researcher Salaries

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from \$199,700 to \$179,700 effective December 23, 2011.

Section 217 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 220 - Prevention Fund Reporting Requirements

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Grantees awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Grantee reports must reference the NoA number and title of the grant, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Grantees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a grantee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

General Provisions, Title V

Section 503 - Proper Use of Appropriations - Publicity and Propaganda [LOBBYING] FY2012 Enacted

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Section 253 - Needle Exchange

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

General Provisions, Title IV

Section 738 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such

corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

Section 739 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Section 433 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that further action is not necessary to protect the interests of the Government.

Section 434 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

3. Reporting

a. CDC Reporting Requirements:

Reporting provides continuous program monitoring and identifies successes and challenges

that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific reporting requirements:

- i. Awardee Evaluation and Performance Measurement Plan:** Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:
- Indicate the frequency that evaluation and performance data are to be collected.
 - Describe how data will be reported.
 - Describe how evaluation findings will be used to ensure continuous quality and program improvement.
 - Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
 - Describe dissemination channels and audiences (including public dissemination).
 - Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health

Programs: A Self-Study Guide, available at:
<http://www.cdc.gov/eval/guide/index.htm>

ii. **Annual Performance Report:** This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures** (including outcomes)—Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results**—Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan** —Awardees must update work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the work plan.
 - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**
 - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative—must use the format outlined in “Content and Form of Application Submission, Budget Narrative” section.
 - Indirect Cost-Rate Agreement.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.]

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

iv. Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons² within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report with a maximum of 40 pages).

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the

²<https://commons.era.nih.gov/commons/>

work completed over the project period, including success stories.

- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

Awardees must email the report to the CDC PO and the GMS listed in the “Agency Contacts” section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see:

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

Duane Kilgus, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd. Mailstop A-19
Telephone: 404-639-6354
Email: dgk9@cdc.gov

For **financial, awards management, or budget assistance**, contact:

Michael Vance, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E09
Atlanta, GA 30341
Telephone: 770-488-2686
Email: mav5@cdc.gov

For assistance with **submission difficulties related to www.grants.gov**, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E 15
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission
- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable

I. Glossary

~~CDC may add to glossary.~~

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award.

Cost Sharing or Matching: Refers to program costs not borne by the federal government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. <http://intranet.cdc.gov/ostlts/directassistance/index.html>.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single Web site at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" Web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental review: Executive Order 12372 governs applications subject to Intergovernmental

Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other nongovernment sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

New FOA: Any FOA that is not a continuation or supplemental award.

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Program Strategies: Public health interventions or public health capabilities.

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations. *Black's Law Dictionary 2 Kent, Comma 450.*

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.